CANDIDATE	/OFFICE	HOLDER
CAMPAIGN	FINANCE	REPORT

FORM C/OH

CAMPAIG	IN FINANCE REPORT		COVER SHEET PG 1
The C/OH INSTRUCT: this form.	on Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR FIRST Annise	MI	OFFICE USE ONLY
	NICKNAME LAST Parker	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. Box 66513 Hot	USTON, TX 77266	Date Hand-delivered or Date Rostmarked RECEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (713) 522-9000	EXTENSION	Necept # CITY SECRETARY
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Kathy NICKNAME LAST Hubbard	Mŧ SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE): APT / SUI 2615 Montrose Blvd	TE#: CITY; STATE: Houston, TX 770	ZIP CODE 006
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (713) 522-9000	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election	<u></u>	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROI	Month Day O6 / 30	Year / 04
11 ELECTION	Month Day Year 12 / 06 / 03 ELECTION TYPE	Runoff	General Special
12 OFFICE	OFFICE HELD (if any) City Controller	13 OFFICE SOUGHT (If known	n)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign experienced to disclose this information of Name	nditures made by others without the can only if they receive notification of the dire	didate's prior consent or approval. ct campaign expenditure. ↔
additional pages	Address / PO Box; Apt. / Suite #; City: State; 2	Zip Code	
	GO ТО І	PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

	···.		
15 C/OH NAME		11	6ACCOUNT # (Ethica Commission filers)
17 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidates if they receive notice of such expenditures.	e / officeholder. These expenditures and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	•	
additional pages	;	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
. !			
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 59,685.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 66,549.38
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 12,577.14
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 10,000.00
19 AFFIDAVIT			
	ANDREA CAMPO: Notary Public, State of Te My Commission Expires	me under Title 15, Election Code.	
Wilson House	JULY 15, 2006	Innie D. Pa	Dean
AFFIX NOTARY STAMI	P / SEAL ABOVE	Signature of Candida	te or Officeholder
		the said Annise D. Parker.	this the <u>15+4</u> day
of <u>July</u> .2	0 <u>- 0 4</u> , to cer	tify which, witness my hand and seal of office.	-
A Campo	Similatoring eath	Andrea Campas No	tary Public

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texa	as 78711-207	0 (512)	#63-5800 1-800-325-850
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR	SCHEDULE A1 R FORMS C/OH and SPAC)
The instructi	on Guide explains how to complete this form.		1 Total pages this scho	edule A1: 36
2 FILER NAME	Annise Parker		3 ACCOUNT # (Ethics	
4 Date 1/15/2004	5 Full Name of Contributor: Catherine G. Wile 6 Contributor Address: City State Zip Code	9	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal o	occupation \ Job title (See Instructions) 10	Employer ((See Instructions):	
4 Date 1/16/2004	5 Full Name of Contributor: Doz of state Safeer Hassan 6 Contributor Address: City State Zip Code	•••••••	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal o	e instructions) 10	Employer (See Instructions):	· · · · · · · · · · · · · · · · · · ·
4 Date 1/17/2004	5 Futl Name of Contributor: Sout of six Mark Neil Adams Jr. 6 Contributor Address: City, State, Zip Code	***************************************	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal o		Employer (See Instructions):	
4 Date 1/17/2004	5 Full Name of Contributor: Out of sta Daryl Lane Moore 6 Contributor Address: City, State. Zip Code	tte PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal or	ccupation \ Job title (See Instructions) 10 E	Employer (S	See Instructions):	
4 Date 1/17/2004	5 Full Name of Contributor:	e PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal oc	10 E	mployer (S	Gee Instructions):	

P.O. Box 12070

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	.		(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this form.		1 To	tal pages this sched	ule A1: 36
2 FILER NAME:	Annise Parker		3 AC	COUNT # (Ethics C	omission filers)
4 Date 1/30/2004	Fulbright & Jaworski L.L.P. Texas Commit	lout of state PAC tee		7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable) :
9 Principal of	ccupation \ Job title (See Instructions)	10 Employer	r (See	Instructions):	
4 Date 1/30/2004	Andrews & Kurth Texas PAC	Out of state PAC		7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employe	r (See	Instructions):	
4 Date 1/30/2004	J. H. Jones II	out of state PAC		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employe	r (See	Instructions):	
4 Date 1/30/2004	Geoffrey K. Walker	Out of state PAC		7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal o	Cote Job title (See Instructions)	10 Employe	r (See	Instructions):	
4 Date 1/30/2004	Daniel C. Amold	oul of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal o	ce Job title (See Instructions)	10 Employe	r (See	Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions): Qut of state PAC 4 Date 5 Full Name of Contributor: 7 Amount of 8 In kind contribution (\$): contribution Sarah A. Bagley Peterson 1/30/2004 (if applicable): \$250.00 6 Contributor Address: City, State, Zip Code 9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	on Guide explains how to complete this form).	1 To	tal pages this sched	lule A1: 36
2 FILER NAME	Annise Parker		3 AC	COUNT # (Ethics C	omission filers)
4 Date 1/31/2004	David G. Puckett AIA	Lout of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (If applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/2/2004	Gilbert A. Garcia	Dout of state PAC		7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/2/2004	Morris Architects Civic Action Fund	Dout of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/2/2004	Muffie Moroney	Dout of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/2/2004	Susan A. Lieberman	Out of state PAC	+	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal o	constitue (See Instructions)	10 Employer	(See	Instructions):	

4 Date 2/2/2004 5 Full Name of Contributor: Audrey Lawson 6 Contributor Address: City, State, Zip Code 9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

4 Date 2/2/2004	5 Full Name of Contributor: Dudley Smith	Out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
77				<u> </u>
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer (See	Instructions):	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.	1 Tot	tal pages this sched	lule A1: 36
2 FILER NAME:	Annise Parker	з АС	COUNT # (Ethics C	omission filers)
4 Date 2/2/2004	5 Full Name of Contributor: Cloud of state PAC Lorraine Wulfe		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State, Zip Code			
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):				
4 Date 2/2/2004	5 Full Name of Contributor:		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code			
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):				
4 Date 2/2/2004	5 Full Name of Contributor:		7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See	Instructions):	<u> </u>
4 Date 2/2/2004	5 Full Name of Contributor:		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See	Instructions):	· · · · · · · · · · · · · · · · · · ·
4 Date 2/2/2004	5 Full Name of Contributor: Out of state PAC C. Mike Garver 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See	Instructions):	

Texas Ethics Con	nmission P.O. Box 12070 Austin, Texas 78711-20	70 (512) 46	3-5800 1-800-325-8506
1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR t	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	п Guide explains how to complete this form.	1 Total pages this sched	dule A1: 36
2 FILER NAME:	Annise Parker	3 ACCOUNT # (Ethics C	comission filers)
4 Date 2/3/2004	5 Full Name of Contributor: Michael M. Fowter 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):	· ·
4 Date 2/3/2004	5 Full Name of Contributor: Out of state PAC Imogen S Papadopoulos 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable):
9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):			
4 Date 2/3/2004	5 Full Name of Contributor: Que of state PAC John S.W. Kellett 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal of	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/5/2004	5 Full Name of Contributor: Chavonne M. Slovak 6 Contributor Address: City, State, Zlp Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	1
4 Date 2/6/2004	5 Full Name of Contributor: Qui of state PAC Edmond D. Wulfe 6 Contributor Address: City, State. Zip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal oc	ccupied 10 Employer	(See Instructions):	

Texas Ethics Con	nmission P.O. Box 12070 Austin, Texas 78711-20	70 (512) 46	3-5800 1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.	1 Total pages this sched	dule A1: 36
2 FILER NAME:	Annise Parker	3 ACCOUNT # (Ethics C	omission filers)
4 Date 2/6/2004	5 Full Name of Contributor:	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/6/2004	5 Full Name of Contributor: Qui of state PAC Michael J. Collins 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal of	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/9/2004	5 Full Name of Contributor: ☐out of state PAC Kirn Icenhower 6 Contributor Address: City State Tip Code	7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	(See Instructions):	
4 Date 2/9/2004	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal oc	20 10 Employer	(See Instructions):	
4 Date 2/11/2004	5 Full Name of Contributor: Dout of state PAC John E. Walsh Jr. 6 Contributor Address: City, State, Zip-Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal oc	c cure (See Instructions)	ee Instructions):	

Texas Ethics Cor	mmission P.O. Box 12070 Aust	in, Texas 78711-20	70 (512) 4	1-800-325-8500
_	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	S	(FOR	SCHEDULE A1 R FORMS C/OH and SPAC)
The Instruction	on Guide explains how to complete this form	ח.	1 Total pages this sche	edule A1: 36
2 FILER NAME	Annise Parker		3 ACCOUNT # (Ethics	Comission filers)
4 Date 2/11/2004	Peggy Smith	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 2/11/2004	Susan Davis	out of state PAC	7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	<u>" </u>
4 Date 2/11/2004	Paul M. Frison	oul of state PAC	7 Amount of contribution (\$): \$250.00	8 in kind contribution (if applicable) :
9 Principal or	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 2/11/2004	Herbert B. Rothschild Jr.	□out of state PAC ip Code	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal od	ccupanion toob title (See Instructions)	10 Employer	(See Instructions):	· · · · · · · · · · · · · · · · · · ·
4 Date 2/11/2004	Robert Weinberger	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal oc	ccupa veb title (See Instructions)	10 Employer	(See Instructions):	<u> </u>

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS			(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instructio	n Gulde explains how to complete this form.		1 Total pages this schedule A1: 36		
2 FILER NAME:	Annise Parker		3 AC	COUNT # (Ethics C	omission filers)
4 Date 2/11/2004	5 Full Name of Contributor: Dout of state John A. Matlage Jr. 6 Contributor Address: City State Zip Code	PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 E	mploye	r (See	Instructions):	
4 Date 2/11/2004	5 Full Name of Contributor: Dout of state Dianne L. Reece Contributor Address: City State Zin Code	PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 E	mploye	r (See	Instructions):	
4 Date 2/11/2004	5 Full Name of Contributor: Out of state ChaseCom Limited Partnership 6 Contributor Address: City, State, Zip Code	PAC		7 Amount of contribution (\$); \$500.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 E	mploye	r (See	Instructions):	
4 Date 2/11/2004	5 Full Name of Contributor: Out of state Cathy C. Frank 6 Contributor Address: City, State, Zip Code	PAC		7 Amount of contribution (\$): \$15.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 E	mploye	r (See	Instructions):	
4 Date 2/11/2004	5 Full Name of Contributor: Out of state Helen N. Futch 6 Contributor Address: City, State, Zip Code	PAC		7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 E	mploye	r (See	Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	SCHEDULE A1 (FOR FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.	1 Total pages this schedule A1: 36
2 FILER NAME:	Annise Parker	3 ACCOUNT # (Ethics Comission filers)
4 Date 2/11/2004	5 Full Name of Contributor: Out of state PAC Harry M. Reasoner 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00 8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):
4 Date 2/11/2004	5 Full Name of Contributor: Dout of state PAC Elizabeth S. Kaled 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$100.00 (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):
4 Date 2/11/2004	5 Full Name of Contributor: Out of state PAC Geoffrey C. Westergaard 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$250.00 8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):
4 Date 2/11/2004	5 Full Name of Contributor: □oul of state PAC Vinson & Elkins Texas Political Action Committee 6 Contributor Address: City. State. Zip Code	7 Amount of contribution (\$): \$2,500.00 8 In kind contribution (if applicable):
9 Principal od	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):
4 Date 2/11/2004	5 Full Name of Contributor: Out of state PAC Dennis W. Sander PE 6 Contributor Address: City, State, Zip Code	7 Amount of contribution (\$): \$ In kind contribution (first applicable) :
9 Principal oc	ccupation \ Job title (See Instructions) 10 Employer	r (See Instructions):

Texas Ethics Cor	mmission P.O. Box 12070 Au	ustin, Texas 78711-20	70	(512) 46	3-5800	1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOA	NS		(FOR		DULE A1
The Instruction	on Guide explains how to complete this fo	orm.	1 Total p	pages this sched	tule A1: 36	 }
2 FILER NAME	Annise Parker		3 ACCO	UNT # (Ethics C	omission file	rs)
4 Date 2/11/2004	5 Full Name of Contributor: Hermes Architects PAC 6 Contributor Address: City, State,	Cloud of state PAC Zip Code		Amount of ntribution (\$):	8 In kind contributio (if a	
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Ins	structions):	·	
4 Date 2/11/2004	5 Full Name of Contributor: Kagan Enterprises LLP 6 Contributor Address: City, State.	Dout of state PAC		Amount of ntribution (\$): \$250.00	8 In kind contributio (if a	
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Ins	structions):		
4 Date 2/11/2004	5 Full Name of Contributor: Walter N. Graham III 6 Contributor Address: City, State,	Dout of state PAC Zip Code		Amount of ntribution (\$):	8 In kind contributio (if a	
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Ins	tructions):		
4 Date 2/13/2004	5 Full Name of Contributor: Preston Moore Jr. 6 Contributor Address: City, State,	Out of state PAC		Amount of otribution (\$):	8 In kind contributio (if a	n pplicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Ins	tructions):		
4 Date 2/13/2004	5 Full Name of Contributor: Matilda B. Melnick 6 Contributor Address: City, State,	Out of state PAC		Amount of htribution (\$):	8 In kind contributio (if a	n oplicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	{See Ins	tructions):		·

Texas Ethics Cor	nmission P.O. Box 12070 Aus	stin, Texas 78711-20	70	(512) 46	3-5800	1-800-325-850
	AL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		(FOR F	SCHEI	DULE A1 and SPAC)
The Instruction	n Guide explains how to complete this for	rm.	1 Tota	l pages this sched	ule A1: 36	
2 FILER NAME:	Annise Parker		3 ACC	OUNT # (Ethics Co	omission filen	5)
4 Date 2/13/2004	5 Full Name of Contributor: H. Irving Schweppe Jr. 6 Contributor Address: City, State,	□out of state PAC Zip Code		7 Amount of contribution (\$): \$290.00	8 In kind contribution (if ap	ı plicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See I	nstructions):		
4 Date 2/13/2004	5 Full Name of Contributor: Lester A. Marks 6 Contributor Address: City, State.	Out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if ap	plicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Ir	nstructions):		
4 Date 2/13/2004	5 Full Name of Contributor: John H. Crooker Jr. 6 Contributor Address: City. State	Out of state PAC		Amount of contribution (\$):	8 In kind contribution (if app	olicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See In	nstructions):		
4 Date 2/13/2004	William K. Murphy MD	out of state PAC		Amount of sontribution (\$):	8 In kind contribution (if app	olicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See In	nstructions):		
4 Date 2/13/2004	William F. Bulcher	Oul of state PAC		Amount of ontribution (\$):	8 In kind contribution (if app	licable) :
9 Principal or	cupation \ Job title (See Instructions)	10 Employer	(See In	structions):		

Out of state PAC

40

10 Employer (See Instructions):

Zip Code

4 Date

2/19/2004

5 Full Name of Contributor:

Virginia A. Camfield

6 Contributor Address:

9 Principal occupation \ Job title (See Instructions)

7 Amount of

contribution (\$):

\$50.00

8 In kind

contribution

(if applicable):

1	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		, <u>-</u>	(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The Instructio	n Guide explains how to complete this form.		1 Total pa	iges this sched	Jule A1: 36
2 FILER NAME:	Annise Parker		3 ACCOU	NT # (Ethics C	omission filers)
4 Date 2/19/2004	5 Full Name of Contributor:	PAC	I	mount of tribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 Er	nployer	(See Inst	ructions):	
4 Date 2/19/2004	5 Full Name of Contributor: Herbert Lum 6 Contributor Address: City, State, Zip Code	PAC	1	mount of tribution (\$); \$100.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 En	nployer	(See Inst	ructions):	
4 Date 2/19/2004	5 Full Name of Contributor: Dout of state F Bert Melnick 6 Contributor Address: City, State, Zip Code	PAC		mount of tribution (\$): \$250.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 En	nployer	(See Inst	ructions):	
4 Date 2/19/2004	5 Full Name of Contributor: MaryLee P Burrus 6 Contributor Address: City, State, Zip Code	PAC	1	mount of tribution (\$): \$100.00	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions) 10 En	nployer	(See Inst	ructions):	
4 Date 2/19/2004	5 Full Name of Contributor: □out of state F Kathleen Bell 6 Contributor Address: City, State, Zip Code	PAC		mount of tribution (\$): \$20.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10 En	nployer	(See Inst	ructions):	

2/19/2004 Madeleine G. Appel			contribution (\$):	contribution (if applicable):
•	6 Contributor Address: City, State,	Zip Code		
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer (See	Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: Michael L. Catrett	oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State,	Zip Code		
9 Principal o	ccupation \ Job title (See Instructio	ns) 10 Employer (See	e Instructions):	

4 Date 2/19/2004	5 Full Name of Contributor: David Stone	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State,	Zip Code		
9 Principal o	occupation \ Job title (See Instructions)	10 Employer (See	nstructions):	

		,		
4 Date 2/19/2004	5 Full Name of Contributor: E. D. Engelhardt Jr.	Out of state PAC	7 Amount of contribution (\$): \$25.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City State Zin Code			į
_				<u> </u>
9 Principal o	occupation \ Job title (See Instructions)	10 Employer (See	Instructions):	

	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	S		(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	on Guide explains how to complete this form	n.	1 To	tal pages this sched	dule A1: 36
2 FILER NAME	Annise Parker		3 AC	COUNT # (Ethics C	omission filers)
4 Date 2/19/2004	Twilight S. Freedman	Out of state PAC		7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	<u> </u>
4 Date 2/19/2004	Terry L. Huffington	out of state PAC	••••	7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/19/2004	Airport Dermatology Clinic PA	Joul of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/19/2004	Maribel S. Allport TTEE	out at state PAC		7 Amount of contribution (\$): \$50.00	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/19/2004	Bracewell & Patterson Committee PAC	Out of state PAC		7 Amount of contribution (\$): \$1,000.00	8 in kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	

Texas Ethics Con	nmission P.O. Box 12070 Austi	in, Texas 78711-201	70 (512) 463-5800	1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	S			CHEDULE A1 S C/OH and SPAC)
The Instructio	n Guide explains how to complete this form	n.	1 Total pages the	is schedule A1	: 36
2 FILER NAME:	Annise Parker		3 ACCOUNT#(Ethics Comissi	on filers)
4 Date 2/25/2004	Ned S Holmes	aut of state PAC	7 Amount contributio	n (\$): cont	n kind ribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instruction	ns):	
4 Date 2/25/2004	Carroll S. Shaddock	Joul of state PAC	7 Amount contributio	n (\$): cont	n kind ribution (if applicable) :
9 Principal or	ocupation \ Job title (See Instructions)	10 Employer	(See Instruction	ns):	
4 Date 2/25/2004	Charlotte L. Avery	Out of state PAC	7 Amount contributio		n kind ribution (if applicable) :
9 Principal of	ccupation \ Job title (See Instructions)	10 Employer	(See Instruction	ns):	
4 Date 2/25/2004	William P. Hobby	Jout of state PAC	7 Amount of contribution \$100	n (\$): contr	n kind ibution (if applicable) :
9 Principal oc	ccupation \ Job title (See Instructions)	10 Employer	(See Instruction	ns):	
4 Date 2/25/2004	Eric H. Shamban	Ocul of state PAC	7 Amount contribution \$100	n (\$): contr	n kind ibution (if applicable) :
9 Principal oc	cupation \ Job title (See Instructions)	10 Employer	(See Instruction	ns):	

4 Date 2/25/2004	5 Full Name of Contributor: Blaine R. Davis	Oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State,	Zip Code		
9 Principal c	ccupation \ Job title (See Instructions)	10 Employer (See	Ie Instructions):	<u> </u>

4 Date 2/25/2004	5 Full Name of Contributor: Out of siste PAC Jerry N. Clark		7 Amount of contribution (\$):	8 In kind contribution	
	6 Contributor Address: City. State	Zin Code	\$50.00	(if applicable) :	-
9 Principal o	ccupation \ .lob title (See Instructions)	10 Employer (See	Instructions):		

Out of state PAC 4 Date 5 Full Name of Contributor: 7 Amount of 8 In kind contribution (\$): contribution Richard J. Brewer 2/25/2004 (if applicable): \$50.00 6 Contributor Address: City, State, Zip Code

9 Principal occupation \ Job title (See Instructions) . 10 Employer (See Instructions):

Out of state PAC 4 Date 5 Full Name of Contributor: 7 Amount of 8 In kind contribution (\$): contribution Kent M. Hixson 2/26/2004 (if applicable): \$100.00 6 Contributor Address: City, State, Zip Code 9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

Zio Code

Out of state PAC

7 Amount of

10 Employer (See Instructions):

contribution (\$):

\$100.00

8 In kind

contribution

(if applicable):

4 Date

2/26/2004

5 Full Name of Contributor:

9 Principal occupation \ Job title (See Instructions)

Sujeeth B. Draksharam PE

6 Contributor Address: City State.

4 Date
2/26/2004

5 Full Name of Contributor:
Turner Collie & Braden PAC

6 Contributor Address: City, State. Zin Code

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

8 In kind contribution (if applicable):

8 Jin kind contribution (if applicable):

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070			70 (512) 46	3-5800 1-800-325-8506			
POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH and SPAC)							
The Instruction	n Guide explains how to complete this form.		1 Total pages this sched	dule A1: 36			
2 FILER NAME:	Annise Parker		3 ACCOUNT # (Ethics C	omission filers)			
4 Date 2/26/2004	5 Full Name of Contributor: Landry's Restaurants PAC 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :			
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer	(See Instructions):	· · · · · · · · · · · · · · · · · · ·			
4 Date 2/26/2004	5 Full Name of Contributor: Halliburton Company PAC 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$):	B In kind contribution (if applicable) :			
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer	(See Instructions):	·			
4 Date 2/26/2004	5 Full Name of Contributor: Cheryl L. Dotson 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$): \$500.00	8 In kind contribution (if applicable) :			
9 Principal of	ccupation \ Job title (See Instructions) 10	Employer	(See Instructions):				
4 Date 2/26/2004	5 Full Name of Contributor: Dout of st Houston Associated General Contractors PAC 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$): \$1,000.00	8 In kind contribution (if applicable) :			
9 Principal or	ccupation \ Job title (See Instructions) 10	Employer	(See Instructions):				
4 Date 2/26/2004	5 Full Name of Contributor: □out of st. Winstead Sechrest & Minick, P.C. PAC 6 Contributor Address: City. State. Zip Code		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :			
9 Principal oc	ccupation \ Job title (See Instructions) 10	Employer	(See Instructions):				

Texas Ethics Cor	nmission P.O. Box 12070 Aus	tin, Texas 78711-20	70 (512) 41	63-5800 1-800-325-8506
	AL CONTRIBUTIONS THAN PLEDGES OR LOAN	IS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	n Guide explains how to complete this for	m.	1 Total pages this sche	dule A1: 36
2 FILER NAME:	Annise Parker		3 ACCOUNT # (Ethics C	Comission filers)
4 Date 2/26/2004	Scott Hill	out of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 2/26/2004	Miles S. Frey	Doul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	<u> </u>
4 Date 2/26/2004	Ross M. Smith	oul of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 2/26/2004	Karen Nelson Thomas PLLC	out of state PAC	7 Amount of contribution (\$):	B In kind contribution (if applicable) :
9 Principal of	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	
4 Date 2/26/2004	Lisa Wittig Oliver	out of size PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal oc	ccupation \ Job title (See Instructions)	10 Employer	(See Instructions):	

Texas Ethics Com	mission P.O. Box 12070 Austin, Texas 78711-20	070	(512) 46	3-5800	1-800-325-8506		
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS SCHEDULE A1 (FOR FORMS C/OH and SPAC)							
The Instructio	n Guide explains how to complete this form.	1 To	tal pages this sched	ule A1: 36			
2 FILER NAME:	Annise Parker	3 AC	COUNT # (Ethics C	omission filers	;)		
4 Date 2/26/2004	5 Full Name of Contributor: Out of state PAC Mark R. Yzaguirre 6 Contributor Address: City, State, Zip Code		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if app	plicable) :		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See	Instructions):				
4 Date 2/26/2004	5 Full Name of Contributor:		7 Amount of contribution (\$): \$2,000.00	8 In kind contribution (if app	plicable) :		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See	Instructions):				
4 Date 2/26/2004	5 Full Name of Contributor:		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if app	plicable) :		
9 Principal of	ccupation \ Job title (See Instructions) 10 Employe	r (See	Instructions):				
4 Date 2/26/2004	5 Full Name of Contributor:		7 Amount of contribution (\$): \$25.00	8 In kind contribution (if app	plicable) :		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See	Instructions):				
4 Date 2/26/2004	5 Full Name of Contributor:		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if app	plicable) :		
9 Principal of	ccupation \ Job title (See Instructions) 10 Employe	er (See	Instructions):	L.			

Texas Ethics Con	nmission P.O. Box 12070 Austin, Tex	as 78711-2070	(512) 46	3-5800 1-800-325-850
	AL CONTRIBUTIONS THAN PLEDGES OR LOANS		(FOR I	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	on Guide explains how to complete this form.	1	Total pages this sched	lule A1: 36
2 FILER NAME:	Annise Parker	3	ACCOUNT # (Ethics C	omission filers)
4 Date 2/26/2004	5 Full Name of Contributor:	state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State. Zip Cod	le		
9 Principal o	occupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor: □out of Gerald M. Brady	state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Cod	je		
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	· ,
4 Date 2/26/2004	5 Full Name of Contributor: Out of s Julie Moncur	state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State, Zip Cod	e		
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor: Melaney A. Linton 6 Contributor Address: City. State Zip Cod		7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor: Out of s Riyad A. Abu-Taha	state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Cod	e * %		
9 Principal o	ccupation \ Job title (See Instructions) 10	Employer (S	See Instructions):	

•	6 Contributor Address City State	Zin Code		 	
9 Principal o	ccupation \ Job title (See Instruction	s) 10 Employer (S	10 Employer (See Instructions):		
4 Date 2/26/2004	5 Full Name of Contributor: Jon N. Strange	Quit of state PAC	7 Amount of contribution (\$):	8 In kind contribution (if applicable):	

9 Principal occupation \ Job title (See Instructions) 10 Employer (See Instructions):

6 Contributor Address: City State.

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED.

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

4 Date 2/26/2004 5 Full Name of Contributor: David Ahola 7 Amount of contribution (\$): \$200.00 6 Contributor Address: City State Fig. Code

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9 Principal occupation \ Job title (See Instructions)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

10 Employer (See Instructions):

	AL CONTRIBUTIONS THAN PLEDGES OR LOANS	s		(FOR F	SCHEDULE A1 FORMS C/OH and SPAC)
The Instructio	n Gulde explains how to complete this form		1 Tol	tal pages this sched	ule A1: 36
2 FILER NAME:	Annise Parker		з АС	COUNT # (Ethics C	omission filers)
4 Date 2/26/2004	5 Full Name of Contributor: Cheryl A. Schoonover	out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
•	6 Contributor Address: City, State, Z	ip Code			
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	r (See	Instructions):	
4 Date 2/26/2004	John F. Bos	Out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable) :
	6 Contributor Address: City, State, Z	ip Code			
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	r (See	Instructions):	
4 Date 2/26/2004	H. Joan Ehrlich	Joul of state PAC		7 Amount of contribution (\$): \$50.00	8 Iπ kind contribution (if applicable) :
•	6 Contributor Address: City, State, Zi	p Code			
9 Principal of	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/26/2004	5 Full Name of Contributor:	Doul of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
•	6 Contributor Address: City. State. 7	in Code			
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):	
4 Date 2/26/2004	Marc A. Campos	Dout of state PAC		7 Amount of contribution (\$): \$250.00	8 In kind contribution (if applicable) :
•	6 Contributor Address: City. State, 7	n Code		,-	
9 Principal of	ccupation \ Job title (See Instructions)	10 Employer	r (See	Instructions):	

Texas Ethics Cor	mmission	P.O. Box 12070	Austin, Texas 78711-20	070 (512)	463-5800 1-800-325-8500
		TRIBUTIONS EDGES OR L		(FC	SCHEDULE A1 OR FORMS C/OH and SPAC)
The Instruction	on Guide explai	ins how to complete t	his form.	1 Total pages this sc	hedule A1: 36
2 FILER NAME		Annise Park	er	3 ACCOUNT # (Ethic	s Comission filers)
4 Date 2/26/2004	5 Full Name of Janet Rentz	Contributor: Address: City, State,	□out of state PAC	7 Amount of contribution (\$)	(if applicable) :
9 Principal o		b title (See Instruction		r (See Instructions):	
4 Date 2/26/2004	5 Full Name of C. Mike Garv	er	Out of state PAC	7 Amount of contribution (\$)	(if applicable) :
9 Principal o	occupation \ Jo	b title (See Instruction	ons) 10 Employer	(See Instructions):	
4 Date 2/26/2004	5 Full Name of Karen C. Der		Out of state PAC	7 Amount of contribution (\$)	8 In kind contribution (if applicable) :
	6 Contributor A	ddress: City, State,	Zip Code		1 -
9 Principal o	ccupation \ Jo	b title (See Instruction	ons) 10 Employer	(See Instructions):	
4 Date 2/26/2004	5 Full Name of Gerard L. Tor	res	Out of state PAC	7 Amount of contribution (\$) \$150.00	8 In kind contribution (if applicable) :
	6 Contributor A	ddress: Citv State	Zin Code		
9 Principal of	ccupation \ Jo	b title (See Instruction	ons) 10 Employer	(See Instructions):	
4 Date 2/26/2004	5 Full Name of Robert C. Cal		Out of state PAC	7 Amount of contribution (\$)	8 In kind contribution (if applicable) :
	6 Contributor A	ddress: City, State,	Zip Code		
9 Principal or	counstion \ lot	title (See Instruction	ns) 10 Employer	(See Instructions):	

Texas Ethics Cor	mmission P.O. Box 12070 Au	stin, Texas 78711-20	70	(512) 46	3-5800	1-800-325-8500
	AL CONTRIBUTIONS THAN PLEDGES OR LOAI	NS		(FOR I	SCHED	OULE A1 and SPAC)
The Instruction	on Guide explains how to complete this fo	rm.	1 To	al pages this scheo	lule A1: 36	
2 FILER NAME:	Annise Parker		3 AC	COUNT # (Ethics C	omission filers	
4 Date 2/26/2004	5 Full Name of Contributor: Jennifer A. Peck Peerless 6 Contributor Address: City, State,	Out of state PAC		7 Amount of contribution (\$): \$100.00	8 In kind contribution (if ap	olicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	r (See	Instructions):	-	
4 Date 2/26/2004	5 Full Name of Contributor: Dayle Blake 6 Contributor Address: City, State,	Out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if app	olicable) :
9 Principal o	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):		
4 Date 2/26/2004	5 Full Name of Contributor: William B. Connolly 6 Contributor Address: City, State,	Out of state PAC		7 Amount of contribution (\$): \$50.00	8 In kind contribution (if app	olicable) :
9 Principal o	ccupation \(\) Job title (See Instructions)	10 Employer	(See	Instructions):		
4 Date 3/2/2004	5 Full Name of Contributor: Wheatstone Investments, L.P. 6 Contributor Address: City, State.	Out of state PAC		7 Amount of contribution (\$): \$2,500.00	8 In kind contribution (if app	olicable) :
9 Principal od	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):		
4 Date 3/2/2004	5 Full Name of Contributor: Ann C. Dunagan	Out of state PAC		7 Amount of contribution (\$):	8 In kind contribution (if app	licable) :
	6 Contributor Address: City, State,	Zin Code		 		
9 Principal oc	ccupation \ Job title (See Instructions)	10 Employer	(See	Instructions):		

10 Employer (See Instructions):

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions):

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

9 Principal occupation \ Job title (See Instructions)

Texas Ethics Co	mmission P.O. Box 12070 Austin, Texas 78711-2	2070 (512) 4	63-5800 1-800-325-850
1	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	(FOR	SCHEDULE A1 FORMS C/OH and SPAC)
The Instruction	on Guide explains how to complete this form.	1 Total pages this sche	dule A1: 36
2 FILER NAME	Annise Parker	3 ACCOUNT # (Ethics (Cornission filers)
4 Date 3/2/2004	5 Full Name of Contributor: Out of state PAC Bonnie D. Huval	7 Amount of contribution (\$):	8 in kind contribution (if applicable) :
	6 Contributor Address: City, State, Zip Code		
9 Principal o	occupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/16/2004	5 Full Name of Contributor: Out of state PAC Norma Gertrude Acker	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	
4 Date 3/17/2004	5 Full Name of Contributor:	7 Amount of contribution (\$): \$100.00	8 In kind contribution (if applicable):
(6 Contributor Address: City, State, Zip Code		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	er (See Instructions):	· · · · · · · · · · · · · · · · · · ·
4 Date 3/17/2004	5 Full Name of Contributor: ☐out of state PAC Jim Makshanoff	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
	6 Contributor Address: City State 7: Contributor Address:		
9 Principal o	ccupation \ Job title (See Instructions) 10 Employe	r (See Instructions):	
4 Date 3/17/2004	5 Full Name of Contributor:	7 Amount of contribution (\$):	8 In kind contribution (if applicable):
•	6 Contributor Address: City, State, Zip Code		i İ

10 Employer (See Instructions):

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

9 Principal occupation \ Job title (See Instructions)

Texas Ethics Co	mmission P.O. Box 12070 Aus	stin, Texas 78711-20	70 (5	12) 463-5800 1-800-325-850						
ı	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS .		SCHEDULE A1 (FOR FORMS C/OH and SPAC)						
The Instruction	on Guide explains how to complete this fo	rm.	1 Total pages this	schedule A1: 36						
2 FILER NAME	Annise Parker	· -	3 AOCOUNT # (Ethics Comission filers)							
4 Date 3/17/2004	5 Full Name of Contributor: Catherine A. Swilley	Out of state PAC	7 Amount of contribution \$100.	(\$): contribution						
	6 Contributor Address: City, State,	Zip Code								
9 Principal o	occupation \ Job title (See Instructions)	10 Employe	(See Instructions	s):						
4 Date 3/17/2004	5 Full Name of Contributor: ANSUN PAC	Cout of state PAC	7 Amount of contribution \$250.	(\$): contribution (if applicable):						
	6 Contributor Address: City, State,	Zip Code		 						
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions	s):						
4 Date 3/17/2004	5 Full Name of Contributor: Chase Bank of Texas, N.A./JP Morgan C	out of state PAC	7 Amount of contribution \$500.	(\$): contribution						
	6 Contributor Address: City, State,	Zip Code		i 						
9 Principal o	occupation \ Job title (See Instructions)	10 Employer	(See Instructions	s):						
4 Date 3/17/2004	5 Full Name of Contributor: Bank One, Texas Good Government Con	Out of state PAC	7 Amount of contribution \$500.	(\$): contribution						
	6 Contributor Address: City. State 2b	Zin Code								
9 Principal o	ccupation / Job title (See Instructions)	10 Employer	(See Instructions	s):						
4 Date	5 Full Name of Contributor:	Out of State PAC	7 Amount of	8 In kind						

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contribution (\$):

10 Employer (See Instructions):

\$500.00

contribution

(if applicable):

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Charles E. Armstrong

9 Principal occupation \ Job title (See Instructions)

6 Contributor Address

3/20/2004

TEXAS EITHES CO	minission P.O. Box 12070	Austin, Texas 78/11-2	070	(512) 46	3-5800	1-800-325-8506				
t .	CAL CONTRIBUTION THAN PLEDGES OR			(FOR		EDULE A1 OH and SPAC)				
The Instructi	on Guide explains how to comple	ete this form.	1 To	otal pages this sche	dule A1: (36				
2 FILER NAME	: Annise Pa	rker	3 ACCOUNT # (Ethics Comission filers)							
4 Date 3/25/2004	5 Full Name of Contributor: Jeanette A. Rash	ui of state PAC		7 Amount of contribution (\$):	8 In kir contribut (if	-				
	6 Contributor Address: City, St	tate, Zip Code			 					
9 Principal of	occupation \ Job title (See Instr	uctions) 10 Employe	er (See	Instructions):						

\$59,685.00

Schedule A1 Report Total:

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

NAME OF COMMITTEE (in full)		(Check if name is changed)	Example over the	: If typying, type lines	12FE4M5		
J.F. Morgan Chase & Co	. State	and Federal Po	litical Action	n Committee	<u> </u>	<u> </u>	ı ı
	<u> </u>	<u> </u>					
ADDRESS (number and street)	230	Park Avenue, 21	șt Floor	<u> </u>		<u> </u>	ــــــــــــــــــــــــــــــــــــــ
(Check if address	ـــــــا		<u></u>	<u>,,</u>		<u> </u>	<u>ــــــــ</u>
is changed)	New	York	<u> </u>	1.1.1	ŅY	10169	لحب
COMMITTEE'S E-MAIL ADDRESS	\$		CITY		STATE.	ZIP CODE 🛦	
bridget.lawless@jpmçha	se.co	m , , , , , ,		<u> </u>	1.1.1	<u> </u>	
	<u> </u>	1 1 1	14114	11111	<u> </u>	<u> </u>	
COMMITTEE'S WEB PAGE ADDR	RESS (L	IRL)					
<u> </u>			4.4.1.4.1			<u> </u>	
			<u> </u>				111
2. DATE 1,2 / 19] ' [2002					
3. FEC IDENTIFICATION NUMB	ER	• C	00003830				
4. IS THIS STATEMENT	NEV	V (N) OR		AMENDED (A)			
I certify that I have examined this States	ment end	to the best of my know	wledge and belie	ef it is true, correct an	d complete		
Type or Print Name of Treasurer		Bridget Lawless			 		
Signature of Treasurer Electronic	cally File	ed by Bridget La	wiess		Date 1,2	′	Ď2Ť
NOTE: Submission of false, erroneous,		plete information may				of 2 U.S.C. S437g.	
Office Use Only			Feder Toll F	urther information correl Election Commissione 800-424-9530 202-694-110		FEC FROM 1 (Revised 1/2001)	

FEC F	orm 1 (Revised 1/2001)			Page 2
5. TYPE OF CO	OMMITTEE (Check One)		****	
(a)		pal campaign committee. (Complete to		•
Name of Candidate	<u> </u>	- 	 	
Candidate Party Affiliat	ion ,	Office House	Senate Preside	State ,
(c)	. This committee supports/o	pposes only one candidate, and is No	OT an authorized committee.	
Name of Candidate	Lagrana	<u></u>	 	
(d) X	This committee is a	(National, State (or subordinate) contessed fund	nmittee of the	(Democratic, Republican,etc.) Party.
(n) [pposes more than one Federal candi	date, and is NOT a separate se	gregated fund or party
6. Name of Ar	ny Connected Organization	or Affiliated Committee		
J.P. Morga	n Chase & Co. Federal F	Political Action Committee		
Mailing Add	ress	230 Park Avenue, 21st Floo	<u> </u>	
			<u> </u>	<u> </u>
		New York	ŅY (10169
	,	. CITY 🛦	STATE ▲	ZIP CODE A
Relationship	Affiliated ,	<u></u>	! 	
Type of Con	nnected Organization:		·	
Con	poration	Corporation w/o Capital	Stock Labor O	rganization
Me	mbership Organization	Trade Association	Coopera	ative

.

.

Write or Type Committee Name

J.P. Morgan Chase	& Co. Sta	te and Federal	Political Action	Committee
-------------------	-----------	----------------	------------------	-----------

	Records: Identify I e books and record	by name, address, (phone numbers, s.	optional), and position of the	ne person in possession
Full Name	Bridget Law	ess	! 	
Mailing Addre	6S	230 Park Avenue, 21st F	loor	
			·	
		New York	NY	10169 _
Title or Position	on∙ ♥	CITY 🛦	STATE ▲	ZIP CODE A
	Treasurer		Telephone number	
address of a	ist the name and a ny designated agen	ddress (phone number – optional) It (e.g., assistant treasurer).	of the treasurer of the comm	ittee; and the name and
Full Name of Treasurer	Bridget Lawl	ess		
Mailing Addre	ss	230 Park Avenue, 21st F	loor	·
		New York	NY	10169 -
Title or Positio	n 🛡	СПҮ ▲	STATE▲	ZIP CODE A
	Treasurer		Telephone number 212	622 3306
Full Name of		Gullivan		
Designated Agent	Maureen E. S	· · · · · · · · · · · · · · · · · · ·		
Designated		230 Park Avenue, 21st F	loor	
Designated Agent			NY	10169 -
Designated Agent		230 Park Avenue, 21st F		10169 - ZIP CODE ▲

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		. [Ney	νY	oŗk	ι,													ŀ		ı	N,	Y		ı			100	17	, .	_			
		L	401	Ma	di	son	Αv	ЭΠ	ne	1	ı	1	1	ı		J	_L		1		ı	1		I	ı	i	1			1				i
	Mailing Address	L	Bra	ncl	n #	134	1	1	1		1	1	1.				<u>!</u>					<u>i</u> .		1	t	1	į	1	!	_i_				1
	JPMo	orgar	Ch	ase	B	ank	(l	L	ı	ı	L	1.	ı		1		L			1	1	l	1	L		_1_	1	L	┙	1		L	i
9.	Banks or Other Depositorle safety deposit boxes or main Name of Bank, Depository, e	ntains			bar	nks (or o	the	r de	epo	sito	orie	es i	n w	hi¢	h th	ne d	mo	mit	tee	de	pos	its '	fun	ds,	hol	ids	acc	our	nts,	ren	its		

safety deposit boxes or main Name of Bank, Depository,		[ADDITIONAL]
ļ.,.		
Station Address	}	
Mailing Address		
	CITY ▲	STATE 4 ZIP CODE A
		·
-		
Name of Any Connected	Organization or Affiliated Committee	[ADDITIONAL]
		[ADDITIONAL]
		[ADDITIONAL]
J.P. Morgan Chase & C	; <u>o.</u>	[ADDITIONAL]
J.P. Morgan Chase & C		[ADDITIONAL]
J.P. Morgan Chase & C	270 Park Ayenue	
	; <u>o.</u>	[ADDITIONAL]
J.P. Morgan Chase & C	270 Park Avenue	
J.P. Morgan Chase & C	270 Park Ayenue	NY 10017 -
J.P. Morgan Chase & C Mailing Address Relationship	270 Park Avenue New York CITY A	NY 10017 -
J.P. Morgan Chase & C Mailing Address Relationship Conf	270 Park Avenue New York CITY A nected	NY 10017 STATE A ZIP CODE A
J.P. Morgan Chase & C Mailing Address Relationship	270 Park Avenue New York CITY A	NY 10017 -

Designated Agent			į	ADDITIONAL]
Full Name	 · · · · · · · · · · · · · · · · · · ·	- 		
Mailing Address				
Title or Position ♥	 CITY &			ZIP CODE ▲
	 · · · · · · · · · · · · · · · · · · ·	Telephone num	ber	- <u> </u>

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: ::IR: :

The MPAC Instruction	Guide explains how to complete	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
this form.	Color Complete	00015529	31
COMMITTEE NAME Halliburton Company PA	C		OFFICE USE ONLY
, , , , , , , , , , , , , , , , , , ,			Date Received
COMMITTEE	ADDRESS / PO BOX; APT / SUITE #; 1150 18th St., NW Suite 200 Washington, DC 20036	CITY; STATE; ZIP CODE	
Change of Address			Date Hand-delivered or Date Postmerked
CMMICAIGIN	MS/MRS/MR FIRST	MI	
TREASURER NAME	M. Steven		Receipt # Amount Date Processed
	NICKNAME LAST Bender	SUFFIX	Date Imaged
CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	ETREET ADDRESS (NO PO BOX PLEASE): APT. 4100 Clinton Drive (12-101) Houston, TX 77020	SUITE #; CITY; STATE;	ZIP CODE
TREASURER'S	STREET OR PO BOX; APT / 4100 Clinton Drive (12-101) Houston, TX 77020	SUITE #; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	THEA CODE PHONE NUMBER (719) 676-5850	NOISNETKE	
REPORT TYPE	Monthly (Enter date below)	10th day after campaign treasurer termination	Dissolution (ettach PAC-DR)
MONTHLY REPORT FILING DEADLINE	Jenuary 6 April 5 February 5 May 5 March 6 June 5	July 5 August 5 September 5	October 6 November 5 December 5
PERIOD COVERED	Month Day Year 5 / 26 / 2004	THROUGH	Month Day Year 6 / 25 / 2004

P.O. Box 12070

LOANS				SCHEDULE E
· · · · · · · · · · · · · · · · · · ·			1 Total pages Sche	edule E:
The Instruction Gui	DE explains how to complete this form.			1
2 FILER NAME	Annise Parker		3. ACCOUNT # (EII	hics Commission filers)
4 ТОТА	L OF UNITEMIZED LOANS:	8 8 9	ର ପ	\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:)	9 Loan Amount (\$)
09/26/03	Annise Parker			10,000.00
6 Is lander a financial Institution?	10 Interestrate			
Y N	11 Maturity date On Demand			
12 Principal occupation) n / Job title (See Instructions)	13 Employer (See In	structions)	O. Donord
City Contr	,	City of Hous		
14 Description of Collat	er a l			
None None				
15 GUARANTOR INFORMATION	16 Name of guarantor			18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City; State;	Zip Code		
19 Principal Occupation		20 Employer		
Date of loan	Name of lender	Oul-of-stale PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Žip Code		Interest rate
Y N				Maturity date
Principal occupatio	n / Job title (See Instructions)	Employer (See Instructi	ions)	
Description of Collat	eral	· · · · · · · · · · · · · · · · · · ·		
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; State:	Zip Code		
Principal Occupation		Employer		
lé lando- in	ATTACH ADDITIONAL COP			anuiremente

Texas Ethics Cor POLITICA	nmission P.O. Box 12070 Austin, Texas AL EXPENDITURES	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INCTRICT	ON CHIEF and the bounds of the first factors		Total pages Sched	ule F
THE INSTRUCTION	ON GUIDE explains how to complete this form.		, can pages comos	18
FILER NAME	Annise Parker		ACCOUNT # (Ethic	s Commission filers)
Date	Payee Name	 	4	Amount
1/7/2004	Grant Martin Consulting			(\$)
	Payee address City;	State;	Zip Code	\$50.00
	P.O. Box 667307 Houston, TX 77266-7307			
Purpose of paym required)	ent (See instructions regarding type of information	1	f direct expenditures	
		Candidate / Officeh	older name	Office sought Office held
Reprint of	Chronicle photo			
Date	Payee Name			Amount
1/7/2004	Sprint			(\$)
,	Payee address City;	State	Zip Code	\$33.13
	P.O. Box 650270 Dallas, TX 75265			
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures older name	to benefit C/OH ** Office sought Office held
Telephone				
Oate .	Payee Name		 	Amount
1/7/2004	Nextel			(\$)
	Payee address City;	State;	Zip Code	\$50.26
	P.O. Box 54977 Los Angeles, CA 90054-0977			•
	ent (See instructions regarding type of information	** Complete i	f direct expenditures	to benefit C/OH **
required)		Candidate / Officeho	older name (Office sought Office held
Telephone			-	
Date	Payee Name			Amount
1/7/2004	Grant Martin Consulting			(\$)
	Payee address City;	State;	Zip Code	\$2,500.00
	P.O. Box 667307 Houston, TX 77266-7307			
Purpose of payme required)	ent (See instructions regarding type of information	** Complete it	f direct expenditures	to benefit C/OH ** Office sought Office held
Monthly C	onsulting Fee			-

Texas Ethics C	ommission P.O. Box 12070 Austin, Tex	as 78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPENDITURES		· · · · · · · · · · · · · · · · · · ·	SCHEDULE F
THE INSTRUC	TION GUIDE explains how to complete this form.		Total pages Schedul	
FILER NAME	Annise Parker		ACCOUNT # (Ethics	Commission filers)
Date	Payee Name	······································	·	Amount
1/7/2004	Hubbard Financial Services			(\$)
	Payee address City;	State;	Zip Code	\$1,633.31
	P.O. Box 66513 Houston, TX 77266			V 1,000.0.
Purpose of pay required)	ment (See instructions regarding type of information	** Complete Candidate / Officer	if direct expenditures to	benefit C/OH ** ffice sought Office held
Decembe	er 17 Invoice - HQ Telephone Service			·.
Date	Payee Name			Amount
1/7/2004	Grant Martin Consulting	• • • • • • • • • • • • • • • • • • • •		(\$)
	Payee address City;	State;	Zip Code	\$152.63
	P.O. Box 667307 Houston, TX 77266-7307			
Election	Day Push Literature	Candidate / Officeh		ffice sought Office held
Date	Payee Name			Amount
1/7/2004	Grant Martin Consulting			(\$)
	Payee address City;	State;	Zip Code	\$280.80
	P.O. Box 667307 Houston, TX 77266-7307			
Purpose of payr required)	ment (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures to older name Of	benefit C/OH ** fice sought Office held
Lodging t	for Robert Jones (Campaign Corps)			
Date	Payee Name	<u> </u>	T	Amount
1/13/2004	ACORN			(\$)
	Payee address City;	State;	Zip Code	\$100.00
•	2600 South Loop West #271 Houston, TX 77054			¥ 133,33
Purpose of payr required)	nent (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures to	benefit C/OH ** fice sought Office held
ACORN I	New Year's Benefit - Sponsorship			

Texas Ethics Co		stin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITICA	AL EXPENDITURES				SCHEDULE F
THE INSTRUCTI	ON GUIDE explains how to complete this form.	•	· · · · · · · · · · · · · · · · · · ·	Total pages Schedu	ule F
FILER NAME	Annise Parker	•		ACCOUNT # (Ethics	
Date	Payee Name		-	L	Amount
1/14/2004	LOGIX				(\$)
	Payee address	City;	State:	Zip Code	\$838.46
	P.O. Box 3608 Houston, TX 77253				4000 .10
Purpose of payrr	nent (See instructions regarding type of informa	tion	***Complete i	f direct expenditures	to benefit C/OH ** Office sought Office held
Logix bill	- FINAL PAYMENT				•
Date	Payee Name				Amount
1/28/2004	Ambassadors International Ballet Folk	lori Co.			(\$)
	Payee address	City;	State;	Zip Code	\$50.00
	5501 Brady Houston, TX 77011				
Purpose of paym required)	nent (See instructions regarding type of informa	tion .	" Complete i	f direct expenditures	to benefit C/OH ** Office sought Office held
Anniversa	ry Banquet - February 6, 2004				
Date	Payee Name		!	 	Amount
2/2/2004	Lake Snell Perry & Associates				(\$)
	Payee address	City;	State;	Zip Code	\$150.76
	1726 M Street, NW Suite 500 Washington, DC 20036				
Purpose of paym required)	ent (See instructions regarding type of informa	tion	** Complete i Candidate / Officeho	f direct expenditures	to benefit C/OH ** Office sought Office held
Conference	e Call Charges	·			
Date	Payee Name		1		Amount
2/2/2004	Nextel				(\$)
	Payee address	City;	State;	Zip Code	\$50.41
	P.O. Box 54977 Los Angeles, CA 90054-0977				
Purpose of paym required)	ent (See instructions regarding type of information	tion	** Complete i	f direct expenditures older name	to benefit C/OH ** Office sought Office held
Telephone			 		
			<u></u>		

Texas Ethics (lustin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
FOLITIC	CAL EXPENDITURES				SCHEDULE F
THE INSTRUC	CTION GUIDE explains how to complete this form.		• •	Total pages Schedul	
FILER NAME	Annise Parker		·	ACCOUNT # (Ethics	8 Commission filers)
Date	Payee Name				Amount
2/2/2004	Grant Martin Consulting				(\$)
	Payee address	City;	State;	Zip Code	\$435.56
	P.O. Box 667307 Houston, TX 77266-7307	9.		_ ,	ψ433.30
Purpose of pa required)	yment (See instructions regarding type of inform	nation	** Complete Candidate / Office	e if direct expenditures to cholder name O	o benefit C/OH ** ffice sought Office held
Credit c	ard processing charges				•
Date	Payee Name	·		· · · · · · · · · · · · · · · · · · ·	Amount
2/2/2004	Grant Martin Consulting				(\$)
	Payee address	City;	State;	Zip Code	\$2,500.00
	P.O. Box 667307 Houston, TX 77266-7307	,			\$2,500.50
Purpose of par	yment (See instructions regarding type of inform	ation	** Complete	e if direct expenditures to	benefit C/OH ** ffice sought Office held
	consulting fee		Candidate / Onice	Holder Harrie	mice sought Office field
Date	Payee Name		<u> </u>	1	Amount
2/4/2004	InfoVine				(\$)
	Payee address	-City;	State;	Zip Code	\$1,500.00
	P.O. Box 2706 Houston, TX 77006				. ,
Purpose of pay	yment (See instructions regarding type of inform	ation	** Complete	if direct expenditures to	benefit C/OH **
required)			Candidate / Office	holder name Of	ffice sought Office held
Deposit	on Beso Fundraiser Mailer	,			
Date	Payee Name		1	1	Amount
2/4/2004	Monarch Printing Company, Inc.	-		i	(\$)
	Payee address	City;	State;	Zip Code	\$1,242.92
	6605 McGrew Houston, TX 77006				
Purpose of pay required)	ment (See instructions regarding type of inform	ation	** Complete Candidate / Office	if direct expenditures to holder name Of	benefit C/OH ** ffice sought Office held
Letterhe	ad & Envelopes				•
	<u> </u>		1		

POLITIC	AL EXPENDITURES	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUCT	ION GUIDE explains how to complete this form.		Total pages Schedu	le F 8
FILER NAME	Annise Parker		ACCOUNT # (Ethics	
Date	Payee Name	- · ,,,	1	Amount
2/12/2004	Grant Martin Consulting			(\$)
	Payee address City;	State;	Zip Code	\$25,000.00
	P.O. Box 667307 Houston, TX 77266-7307			
Purpose of payr required)	nent (See instructions regarding type of information	** Complete Candidate / Office	if direct expenditures to	o benefit C/OH ** Iffice sought Office held
Consultin	g - Invoice 339			
Date	Payee Name			Amount
2/13/2004	Harris County Democratic Party	. .		(\$)
	Payee address City:	State	Zip Code	\$100.00
	1445 North Loop West, Ste. 110 Houston, TX 77008			
Purpose of payr required)	nent (See instructions regarding type of information	** Complete Candidate / Officet	if direct expenditures to noider name O	o benefit C/OH ** ffice sought Office held
Event Sp	onsorship			
Date	Payee Name	<u>-L</u>		Amount
2/29/2004	Grant Martin Consulting			(\$)
	Payee address City;	State;	Zip Code	\$267.96
	P.O. Box 667307 Houston, TX 77266-7307			
Purpose of payri required)	nent (See instructions regarding type of information	** Complete Candidate / Officet	if direct expenditures to nolder name O	o benefit C/OH ** ffice sought Office held
Beso Hos	st Letters			
Date	Payee Name	1	· · · · · · · · · · · · · · · · · · ·	Amount
2/29/2004	Grant Martin Consulting			(\$)
	Payee address City;	State;	Zip Code	\$258.18
	P.O. Box 667307 Houston, TX 77266-7307			
Purpose of payri required)	nent (See instructions regarding type of information	** Complete Candidate / Officeh	if direct expenditures to	benefit C/OH ** ffice sought Office held
XPEDX -	Paper stock for Beso invitations			

POLITIC	Austin, Texas	5 78711-2070 (512) 	463-5800 1-800-325-8506 SCHEDULE F
THE INSTRUCT	TON GUIDE explains how to complete this form.	Total pa	ages Schedule F 18
FILER NAME	Annise Parker	ACCOL	INT # (Ethics Commission filers)
Date 2/29/2004	Payee Name Grant Martin Consulting		Amount (\$)
	Payee address City; P.O. Box 667307 Houston, TX 77266-7307	State; Zip Code	\$17.04
required)	ment (See instructions regarding type of information orsement stamp	** Complete if direct e. Candidate / Officeholder nar	xpenditures to benefit C/OH ** ne Office sought Office held
Date 2/29/2004	Payee Name Grant Martin Consulting Payee address P:O. Box 667307 Houston, TX	State; Zip Code	Amount (\$) \$27.92
required) Infovine,	ment (See instructions regarding type of information Inc Balance due on Beso mailing	** Complete if direct e: Candidate / Officeholder nar	
Date 2/29/2004	Payee Name Grant Martin Consulting Payee address City; P.O. Box 667307 Houston, TX 77266-7307	State; Zip Code	Amount (\$) \$269.76
required)	ment (See instructions regarding type of information	** Complete if direct ex Candidate / Officeholder nan	spenditures to benefit C/OH ** ne Office sought Office held
Date 2/29/2004	Payee Name Grant Martin Consulting Payee address City: P.O. Box 667307 Houston, TX 77266-7307	State; Zip Code	Amount (\$) \$2,500.00
Purpose of payr required) February	ment (See instructions regarding type of information	** Complete if direct ex Candidate / Officeholder nan	xpenditures to benefit C/OH ** ne Office sought Office held

Texas Ethics Co		Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	AL EXPENDITURES				SCHEDULE F
THE INSTRUCT	TION GUIDE exptains how to complete this f	orm.		Total pages Schedule	
FILER NAME	Annise Parker			ACCOUNT # (Ethics	Commission filers)
Date	Payee Name		-	1	Amount
2/29/2004	Grant Martin Consulting	· · · · · · · · · · · · · · · · · · ·			(\$)
	Payee address	City;	State;	Zip Code	\$552.45
	P.O. Box 667307 Houston, TX 77266-7307			•	******
Purpose of payi required)	ment (See instructions regarding type of ir	nformation	** Complete Candidate / Officet	if direct expenditures to	benefit C/OH ** fice sought Office held
Beso Eve	ent - Food & Beverage		1		•
	•	•			
Date	Payee Name		<u> </u>		Amount
2/29/2004	Grant Martin Consulting				(\$)
	Payee address	City;	State;	Zip Code	\$85:68
	P.O. Box 667307 Houston, TX 77266-7307				V
Purpose of payr required)	nent (See instructions regarding type of in	formation	** Complete Candidate / Officeh	if direct expenditures to holder name Off	benefit C/OH ** fice sought Office held
Beso Eve	ent Reminder Faxes	÷			
Date	Payee Name	- -	<u> </u>	<u> </u>	Amount
2/29/2004	Grant Martin Consulting			1	(\$)
	Payee address	City;	State;	Zip Code	\$18,000:00
	P.O. Box 667307 Houston, TX 77266-7307				. ,
Purpose of payn required)	nent (See instructions regarding type of in	formation	** Complete Candidate / Officeh	if direct expenditures to nolder name Off	benefit C/OH ** ice sought Office held
Winner's	bonus				
Date	Payee Name			1	Amount
2/29/2004	Grant Martin Consulting				(\$)
	Payee address	City;	State	Zip Code	\$828.11
	P.O. Box 667307 Houston, TX 77266-7307				¥
Purpose of payπ required)	nent (See instructions regarding type of inf	formation	** Complete i Candidate / Officeh	if direct expenditures to older name Off	benefit C/OH ** ice sought Office held
Almost Ar	nything Goes - Balloons for Election	Night			

Texas Ethics Cor	nmission P.O. Box 12070 Austlin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITICA	AL EXPENDITURES			SCHEDULE F
THE INSTRUCTION	ON GUIDE explains how to complete this form.	-	Total pages Schedule	
FILER NAME	Annise Parker		ACCOUNT # (Ethics	Commission filers)
Date	Payee Name		<u> </u>	Amount
2/29/2004	Grant Martin Consulting			(\$)
1	Payee address City;	State;	Zip Code	\$34.10
	P.O. Box 667307 Houston, TX 77266-7307			•••
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i Candidate / Officeh	if direct expenditures to	benefit C/OH ** Ifice sought Office held
Сору.Сол	n - Beso Fundraiser Sponsor Board			
				
Date 3/2/2004	Payee Name		1	Amount (\$)
0,22004	Garnet Coleman Campaign			
	Payee address City;	State;	Zip Code	\$1,000.00
	P.O. Box 88140 Houston, TX 77288			
Purpose of paym required)	ent (See instructions regarding type of information	"* Complete i Candidate / Officeh	f direct expenditures to older name Of	benefit C/OH ** fice sought Office held
Contribution	on			
Date	Payee Name	=		Amount
3/2/2004	Nextel			(\$)
	Payee address City;	State;	Zip Code	\$50.24
	P.O. Box 54977 Los Angeles, CA 90054-0977		·	••••
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures to older name Of	benefit C/OH ** ifice sought Office held
Telephone	, ,			
Date	Payee Name			Amount
3/12/2004	Kaye Marvins Photography			(\$)
	Payee address City;	State:	Zip Code	\$39.50
; ;	4401 Montrose Houston, TX 77006			
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures to	benefit C/OH ** fice sought Office held
Official Ph	oto			

Texas Ethics Cor POLITICA	nmission P.O. Box 12070 Austin, Texas AL EXPENDITURES	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUCTION	ON GUIDE explains how to complete this form.		Total pages Schedu	le F
FILER NAME	Annise Parker		ACCOUNT # (Ethics	
Date	Payee Name		<u> </u>	Amount
3/12/2004	Annise Parker		İ	(\$)
	Payee address City;	State;	Zip Code	\$30.00
	P.O. Box 66513 Houston, TX 77266			400.00
Purpose of paym required)	nent (See instructions regarding type of information	** Complete i Candidate / Officeho	f direct expenditures to	o benefit C/OH ** office sought Office hel
REIMBUF	RSEMENT: Women's Political Forum - 1/12/04			
Date	Payee Name			Amount
3/12/2004	Annise Parker		-	(\$)
	Payee address City;	State;	Zip Code	\$12.00
	P.O. Box 66513 Houston, TX 77266			
Purpose of paym required)	nent (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures t	o benefit C/OH ** office sought Office hel
REIMBUR	RSEMENT: Tideland A.P.R.I. Membership Dues			
Date	Payee Name			Amount
3/12/2004	Annise Parker			(\$)
	Payee address City:	State;	Zip Code	\$30.00
	P.O. Box 66513 Houston, TX 77266			Q 00.00
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures t	o benefit C/OH ** office sought Office hel
REIMBUR	RSEMENT: Women's Political Forum - 1/30/04			
Date	Payee Name	<u> </u>		Amount
3/12/2004	Annise Parker			(\$)
1	} • • • • • • • • • • • • • • • • • • •	. .	. <i></i>	

Date	Payee Name				Amount
3/12/2004	Annise Parker			. (\$)	
	Payee address	City;	State:	Zip Code	\$250.00
	P.O. Box 66513 Houston, TX 77266				

Purpose of payment (See instructions regarding type of information required)

REIMBURSEMENT: Sponsorship Northside Democrats

** Complete if direct expenditures to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICA	P.O. Box 12070 Austin, Texas AL EXPENDITURES	s 78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUCTI	ON GUIDE explains how to complete this form.	, · · · · · · · · · · · · · · · · · · ·	Total pages Schedul	
FILER NAME	Annise Parker	· · · · · · · · · · · · · · · · · · ·	ACCOUNT # (Ethics	
Date 3/12/2004	Payee Name Annise Parker		·	Amount (\$)
	Payee address City; P.O. Box 66513 Houston, TX 77266	State;	Zip Code	\$34.23
required)	RSEMENT: Exit lunch with Judy Johnson	** Complete Candidate / Officeh	if direct expenditures to older name Of	o benefit C/OH ** ffice sought Office held
Date 3/12/2004	Payee Name Madeleine Appel			Amount (\$)
	Payee address City; 5223 Ariel Houston, TX 77096	State;	Zip Code	\$69.59
required)	s Office February Meeting Refreshments	** Complete Candidate / Officeh	if direct expenditures to older name Of	o benefit C/OH ** ffice sought Office held
Date 3/12/2004	Payee Name Madeleine Appel			Amount (\$)
	Payee address City; 5223 Ariel Houston, TX 77096	State;	Zip Code	\$101.27
required)	ent (See instructions regarding type of information s Office March Meeting Refreshments	** Complete Candidate / Officeh	f direct expenditures to older name Of	benefit C/OH ** ffice sought Office held
Date 3/13/2004	Payee Name United States Treasury	1		Amount (\$)
	Payee address City;	State;	Zip Code	\$46.00
Purpose of paymerequired)	ent (See instructions regarding type of information 2003	" Complete i Candidate / Officeh	f direct expenditures to older name Of	benefit C/OH ** fice sought Office held

Texas Ethics C	ORAL EXPENDITURES	Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUC	TION GUIDE explains how to complete this f	orm.		Total pages Schedul	
FILER NAME	Annise Parker		· .	ACCOUNT # (Ethics	Commission filers)
Date 3/27/2004	Payee Name Neartown Little League	·			Amount (\$)
	Payee address P. O. Box 66193 Houston, TX 77266	City;	State	Zip Code	\$100.00
required)	rment (See instructions regarding type of ir	nformation	** Comple Candidate / Office	te if direct expenditures to eholder name Of	benefit C/OH ** ffice sought Office held
Eveur of	oonsorship				
Date 4/9/2004	Payee Name Nextel		<u> </u>		Amount (\$)
	Payee address P.O. Box 54977 Los Angeles, CA 90054-0977	City;	State;	Zip Code	\$50.41
Purpose of pay required) Telephor	ment (See instructions regarding type of in	formation	"* Comple Candidate / Offic	te if direct expenditures to eholder πame Of	benefit C/OH ** Ifice sought Office held
Date 4/18/2004	Payee Name				Amount (\$)
-11 TG12-00-4	Annise Parker Payee address P.O. Box 66513 Houston, TX 77266	City;	State;	Zip Code	\$1,200.00
required)	ment (See instructions regarding type of in		** Complet Candidate / Offic	te if direct expenditures to eholder name Of	benefit C/OH ** fice sought Office held
Date 4/18/2004	Payee Name Madeleine Appel	· · · · · · · · · · · · · · · · · · ·			Amount (\$)
	Payee address 5223 Ariel Houston, TX 77096	City;	State;	Zip Code	\$57.97
required)	ment (See instructions regarding type of in	formation	** Complet Candidate / Offic	te if direct expenditures to eholder name Of	benefit C/OH ** fice sought Office held
			·· <u></u>		

Texas Ethics Co	rnmission P.O. Box 12070 Austi AL EXPENDITURES	in, Texas	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUCTI	ON GUIDE explains how to complete this form.			Total pages Schedu	le F 8
FILER NAME	Annise Parker			ACCOUNT # (Ethics	Commission filers)
Date	Payee Name	-	 		Amount
4/18/2004	Annise Parker				(\$)
	Payee address C	ity;	State;	Zip Code	\$47.30
	P.O. Box 66513 Houston, TX 77266				
required)	nent (See instructions regarding type of information		** Complete Candidate / Officeh	if direct expenditures to older name C	o benefit C/OH ** Office sought Office held
Date	Payee Name		<u> </u>		Amount
4/22/2004	LULAC District VIII				(\$)
	Payee address C	ity;	State;	Zip Code	\$100:00
	5207 Airline Drive Houston, TX 77022				
required) Cinco de	Mayo Parade Fee		Candidate / Office	older halle	office sought Office held
Date	Payee Name	_			Amount
4/22/2004	Martha Galvan				(\$)
	Payee address C	ity;	State;	Zip Code	\$75.00
	1123 Gardendale Dr. Houston, TX 77018		-		
required)	nent (See instructions regarding type of information	on	** Complete Candidate / Office)	if direct expenditures to colder name	o benefit C/OH ** Office sought Office held
Council M	leeting Refreshments 04/22/04	,			
Date	Payee Name	: = .	<u> </u>		Amount
5/12/2004	Annise Parker	•			(\$)
	Payee address C	ity;	State;	Zip Code	\$1,000.00
	P.O. Box 66513 Houston, TX 77266				
Purpose of paym required)	nent (See instructions regarding type of information	on .	** Complete Candidate / Officel	if direct expenditures to colder name	to benefit C/OH ** Office sought Office held
Reimburs	ement - Emily's List - Annual Dues	·			

Texas Ethics Corr POLITICA	nmission P.O. Box 12070 AL EXPENDITURES	Austin, Texas	78711-2070	(512) 463-5 80 0	1-800-325-8506 SCHEDULE F
THE INSTRUCTION	ON GUIDE explains how to complete this fo	orm.		Total pages Schedu	le F
FILER NAME	Annise Parker	-		ACCOUNT # (Ethics	Commission filers)
Date 5/12/2004	Payee Name Nextel			<u>⁴ .</u>	Amount (\$)
	Payee address	City;	State;	Zip Code	\$50.41
	P.O. Box 54977 Los Angeles, CA 90054-0977	•			
Purpose of paym required)	ent (See instructions regarding type of in	formation	** Complete Candidate / Officeh	if direct expenditures to nolder name	to benefit C/OH ** Office sought Office held
Telephone					
Date	Payee Name				Amount (\$)
5/12/2004	Alonti Payee address	City;	State;	Zip Code	\$518.35
	2444 Times Blvd Ste 360 Houston, TX 77042				
required)	ent (See instructions regarding type of in Recognition Luncheon	formation	candidate / Officer	if direct expenditures to noider name C	to benefit C/OH ** Office sought Office held
Date	Payee Name			*	Amount (\$)
5/17/2004	Kathryn C. McNiel				(•)
	Payee address	City;	State;	Zip Code	\$497.87
	PO Box 131835 Houston, TX 77219				
Purpose of paym required)	ent (See instructions regarding type of in	formation	** Complete Candidate / Officet	if direct expenditures to nolder name C	lo benefit C/OH ** Office sought Office held
Event Fee					
Date	Payee Name		<u> </u>		Amount
6/2/2004	My Chef (Naturally)			,	(\$)
;	Payee address	-City;	State	Zip-Code	\$195.00
	Teresa Coleman 829 Rosine St Houston, TX 77019-19	_			
Purpose of paym required)	ent (See instructions regarding type of in	formation	** Complete Candidate / Officel	if direct expenditures to	to benefit C/OH ** Office sought Office held
Event Exp	ense				
<u> </u>		<u></u>	<u> </u>		

Texas Ethics Con	nmission P.O. Box 12070 Austin, Texas AL EXPENDITURES	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUCTION	ON GUIDE explains how to complete this form.		Total pages Schedul	
FILER NAME	Annise Parker		ACCOUNT # (Ethics	Commission filers)
Date	Payee Name		1	Amount
6/9/2004	Nextel			(\$)
	Payee address City;	State;	Zip Code	\$50.57
	P.O. Box 54977 Los Angeles, CA 90054-0977			
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i	if direct expenditures to	benefit C/OH ** ffice sought Office held
Telephone	1			•
Date	Payee Name			Amount
6/12/2004	Annise Parker			(\$)
	Payee address City;	State;	Zip Code	\$50.00
:	P.O. Box 66513 Houston, TX 77266			
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i Candidate / Officeh	older name O	benefit C/OH ** ffice sought Office held
Reimburse	ement Sponsorship			
Date	Payee Name		1	Amount
6/12/2004	Annise Parker		İ	(\$)
:	Payee address City;	State;	Zip Code	\$1.25
	P.O. Box 66513 Houston, TX 77266			
Purpose of peym required)	ent (See instructions regarding type of information	** Complete i Candidate / Officeh	f direct expenditures to	benefit C/OH ** ffice sought Office held
Reimburse	ement Harris Co Toll Authority			
Date	Payee Name		1	Amount
6/12/2004	Annise Parker			(\$)
	Payee address City;	State;	Zip Code	\$0.75
	P.O. Box 66513 Houston, TX 77266			·
Purpose of paym required)	ent (See instructions regarding type of information	** Complete i	if direct expenditures to	benefit C/OH ** ffice sought Office held
Reimburse	ement Harris Co Toll Authority			

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Texas Ethics Cor POLITICA	P.O. Box 12070 AL EXPENDITURES	Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUCTION	ON GUIDE explains how to complete this	form.	·	Total pages Schedu	le F 8
FILER NAME	Annise Parker			ACCOUNT # (Ethics	Commission filers)
Date	Payee Name		····································	1	Amount
6/12/2004	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$0.75
	P.O. Box 66513 Houston, TX 77266				•••
Purpose of paym required)	ent (See instructions regarding type of i	nformation	** Complete Candidate / Office	e if direct expenditures to cholder name O	o benefit C/OH ** ffice sought Office held
Reimburse	ement Harris Co Toll Authority				
Date	Payee Name			1	Amount
6/12/2004	Annise Parker				(\$)
	Payee address	City:	State;	Zip Code	\$1.25
;	P.O. Box 66513 Houston, TX 77266				
Purpose of paym required)	ent (See instructions regarding type of in	nformation	** Complete Candidate / Office	e if direct expenditures to cholder name O	o benefit C/OH ** ffice sought Office held
Reimburse	ement Harris Co Toll Authority		7		
Date	Payee Name				Amount
6/12/2004	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$2.37
	P.O. Box 66513 Houston, TX 77266				
Purpose of paymerequired)	ent (See instructions regarding type of it	nformation	** Complete Candidate / Office	e if direct expenditures to cholder name O	benefit C/OH ** Office sought
Reimburse	ement Business Dinner				
Date	Payee Name	<u></u>			Amount
6/12/2004	Annise Parker				(\$)
	Payee address	City	State;	Zip Code	\$4.22
	P.O. Box 66513 Houston, TX 77266				
Purpose of payme required)	ent (See instructions regarding type of it	nformation	** Complete Candidate / Office	if direct expenditures to	benefit C/OH ** ffice sought Office held
Reimburse	ement Business Dinner				
	772		<u> </u>		

POLITICA	mmission P.O. Box 12070 Austin, Texas AL EXPENDITURES	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
THE INSTRUCTI	ON GUIDE explains how to complete this form.		Total pages Schedule	
FILER NAME	Annise Parker		ACCOUNT # (Ethics C	Commission filers)
Date 6/12/2004	Payee Name Annise Parker			Amount (\$)
	Payee address City; P.O. Box 66513 Houston, TX 77266	State;	Zip Code	\$20.00
required)	nent (See instructions regarding type of information ement Sponsorship	** Complete Candidate / Officeh	if direct expenditures to older name Off	benefit C/OH ** fice sought Office held
Date 6/12/2004	Payee Name Annise Parker			Amount (\$)
	Payee address City; P.O. Box 66513 Houston, TX 77266	State	Zip Code	\$20.00
required)	eent (See instructions regarding type of information ement Taxi Business Meeting Washington DC	** Complete i Candidate / Officeh	if direct expenditures to older name Off	benefit C/OH ** ice sought Office held
Date 6/12/2004	Payee Name			Amount (\$)
0/12/2004	Annise Parker Payee address City; P.O. Box 66513 Houston, TX 77266	State;	Zip Code	\$20.00
required)	nent (See instructions regarding type of information ement Taxi Business Meeting Washington DC	** Complete i Candidate / Officeh	if direct expenditures to older name Off	benefit C/OH ** ice sought Office held
Date	Payee Name	<u> </u>		Amount (\$)
6/12/2004	Houston Black American Democrats Payee address City; PO Box 2893 Houston, TX 77252	State;	Zip Code	\$45.00
Purpose of paym required) Event Fee	1ent (See instructions regarding type of information	** Complete Candidate / Officeh	if direct expenditures to older name Off	benefit C/OH ** ice sought Office held

Texas Ethics Cor	nmission P.O. Box 12070 Austin, Texas AL EXPENDITURES	78711-2070	(512) 463-5800	1-800-325-8506 SCHEDULE F
	ON GUIDE explains how to complete this form.		Total pages Schedu	
			ACCOUNT # (Ethics	Commission filers)
FILER NAME	Annise Parker		ACCOUNT # (Ellines	Commission nersy
Date	Payee Name		· · · · · · · · · · · · · · · · · · ·	Amount
6/12/2004	Houston Black American Democrats			(\$)
	Payee address City;	State;	Zip Code	\$80.00
	PO Box 2893 Houston, TX 77252			
Purpose of paym required)	nent (See instructions regarding type of information	** Complete Candidate / Officeh	if direct expenditures to	o benefit C/OH ** Office sought Office held
Advertiser	ment	<u> </u> 		
Date	Payee Name	1		Amount
6/12/2004	James Robertson			(\$)
	Payee address City;	State;	Zip Code	\$108.60
	5407 Green Springs	,		
)			
required)	nent (See instructions regarding type of information	** Complete Candidate / Officeh	if direct expenditures to colder name	to benefit C/OH ** Office sought Office held
Reimburs	ement Travel Expense			
Date	Payee Name			Amount
6/12/2004	Texas Democratic Party		,	(\$)
	Payee address City;	State;	Zip Code	\$1,000.00
	701 Rio Grande			
Purposé of payn required)	nent (See instructions regarding type of information	** Complete Candidate / Officel	if direct expenditures nolder name	to benefit C/OH ** Office sought Office held
Sponsors	hip ·			
Date	Payee Name	<u> </u>		Amount
6/12/2004	Annise Parker			(\$)
	Payee address City;	State;	Zip Code	\$29.31
	P.O. Box 66513 Houston, TX 77266			
Purpose of payrr required)	nent (See instructions regarding type of information	** Complete Candidate / Officet	if direct expenditures nolder name (to benefit C/OH ** Office sought Office held
Reimburs	ement Office Supplies			

Texas Ethics C	ommission	P.O. Box 12070	Austin, Texas	78711-2070	(512) 463-5800	1-800-325-8506
POLITIC	CAL EXPEN	IDITURES				SCHEDULE F
THE INSTRUC	TION GUIDE explain	s how to complete this	form.	<u> </u>	Total pages Sche	dule F
FILER NAME	Annise Parke		·		ACCOUNT # (Eth	ics Commission filers)
Date	Payee Name				·· <u>-</u>	Amount (\$)
6/ 30/2004	Nextel					
	Payee address		City;	State;	Zip Code	\$50.73
	P.O. Box 549 CA 90054-09	177 Los Angeles, 77				
Purpose of pay required)	yment (See instructi	ons regarding type of i	nformation	** Comple Candidate / Office	te if direct expenditure eholder name	es to benefit C/OH ** Office sought Office held
Telepho	ne .	•				
		15			Schedule F Repo	rt Total: \$66,549.38

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form. Total pages S					es Schedule G: 5
FILER NAME	Annise Parker	<u> </u>		ACCOUN	T # (Ethics Commission filers)
Date 3/12/2004	Payee Name Annise Parker				Amount (\$)
	Payee address	City;	State;	Zip Code	\$12.00
	P.O. Box 66513 Houston, TX 77266				V.2.43
	Purpose of payment (See instructions reginformation required) Tideland A.P.R.I. Membership Due				Reimbursement from political contributions intended
Date	Payee Name				Amount
3/12/2004	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$30.00
	P.O. Box 66513 Houston, TX 77266				
	Purpose of payment (See instructions regainformation required)	arding type of	·		Reimbursement from political
	Women's Political Forum - 1/12/04	Į.			contributions intended
Date	Payee Name				Amount
3/12/2004	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$30.00
	P.O. Box 66513 Houston, TX 77266				
	Purpose of payment (See instructions regainformation required)	arding type of			Reimbursement from political contributions
	Women's Political Forum - 1/30/04	ļ			interioled
ate	Payee Name	<u> </u>			Amount
/12/2004	Annise Parker				(\$)
	Payee address	City;	State;	Zìp Code	\$34.23
	P.O. Box 66513 Houston, TX 77266				
	Purpose of payment (See instructions regainformation required)	irding type of		······································	Reimbursement trom political contributions
	Exit lunch with Judy Johnson				intended
					j

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

THE INSTRUC	TION GUIDE explains how to complete this form	,	•	Total pag	es Schedule G: 5
FILER NAME	Annise Parker			ACCOUN	T # (Ethics Commission filers)
Date	Payee Name			•	Amount
4/18/2004	Annise Parker			. 	(\$)
	Payee address	City;	State;	Zip Code	\$47.30
	P.O. Box 66513 Houston, TX 77266				
	Purpose of payment (See instructions reg information required)	garding type of			Reimbursement from political contributions
	Gas & Parking - EMILY's List				intended
Date	Payee Name		- 	···	Amount
3/12/2004	Annise Parker				(\$)
	Payee address	City;	State;	Zip Code	\$250.00
	P.O. Box 66513 Houston, TX 77266			·	
	Purpose of payment (See instructions reg information required)	garding type of			Reimbursement from political contributions
	Sponsorship Northside Democrat	S			intended
Date	Payee Name				Amount (\$)
4/18/2004	Annise Parker	. 			
	Payee address	City;	State;	Zip Code	\$1,200.00
	P.O. Box 66513 Houston, TX 77266				
	Purpose of payment (See instructions reg information required)	gerding type of			Reimbursement from political contributions
,	Victory Fund Sponsorship		•	_	intended
Date	Payee Name		,	<u></u>	Amount
5/12/2004	Annise Parker			, . ,	(\$)
]	Payee address	City;	State;	Zip Code	\$1,000.00
	P.O. Box 66513 Houston, TX 77266				
]	Purpose of payment (See instructions reg information required)	arding type of		· · · 	Reimbursement from political contributions
	Emily's List - Annual Majority Cou	incil Dues			intended

Total

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

THE INSTRUCTION GUIDE explains how to complete this form.

	SCHEDULE G					
pages S	ages Schedule G: 5					
OUNT#(Ethics Commission filers)					
	Amount (\$)					
	\$0.75					
	Reimbursement from political contributions intended					

FILER NAME	Annise Parker		ACCOUNT	# (Ethics Commission filers)
Date	Payee Name	<u></u>	i	Amount (\$)
6/12/2004	Annise Parker			
	Payee address City;	State;	Zip Code	\$0.75
	P.O. Box 66513 Houston, TX 77266			
	Purpose of payment (See instructions regarding type of information required)	of ·		Reimbursement from political contributions
	Harris Co Toll Authority			intended
Date	Payee Name			Amount
6/12/2004	Annise Parker			(\$)
	Payee address City;	State;	Zip Code	\$0.75
	P.O. Box 66513 Houston, TX 77266			
	Purpose of payment (See instructions regarding type of information required)	of		Reimbursement from political contributions
	Harris Co Toll Authority			intended
Date	Рауее Name			Amount (\$)
6/12/2004	Annise Parker	· • • • • • • • • • • • • • • • • • • •		
	Payee address City;	State;	Zip Code	\$1.25
	P.O. Box 66513 Houston, TX 77266			
	Purpose of payment (See instructions regarding type of information required)	of		Rembursement from political
	Harris Co Toll Authority			contributions Intended
Date =	Payee Name			Amount
6/12/2004	Annise Parker			(\$)
	Payee address City;	State;	Zip Code	\$1.25
	P.O. Box 66513 Houston, TX 77266			
	Purpose of payment (See instructions regarding type of information required)	of		Reimbursement from political
	Harris Co Toll Authority			contributions intended

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

THE INSTRUCTION GUIDE explains how to complete this form. Total page:					Schedule G: 5		
FILER NAME	ME Annise Parker Accoun			ACCOUNT	OUNT # (Ethics Commission filers)		
	•			Į			
Date	Payee Name	 		<u>-</u>	Amount		
6/12/2004	Annise Parker				(\$)		
	Payee address	\$2.37					
	P.O. Box 66513 Houston, TX 77266	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Purpose of payment (See instruction	Reimbursement from political					
	Information required)				contributions intended		
	Business Dinner				1222		
Date	Payee Name			···················	Amount		
6/12/2004	Annise Parker				(\$)		
	Payee address	City;	State;	Zip Code	\$4.22		
	P.O. Box 66513 Houston, TX 77266						
	Purpose of payment (See instruction information required)	Reimbursement from political					
	Business Dinner	•			contributions intended		
Date	Payee Name				Amount		
6/12/2004	Annise Parker				(\$)		
	Payee address	City;	State;	Zip Code	\$20.00		
	P.O. Box 66513 Houston, TX 77266						
	Purpose of payment (See instruction information required)	Rembursement from political contributions					
	Sponsorship				intended		
Date	Payee Name				Amount		
6/12/2004	Annise Parker				(\$)		
	Payee address	City;	State;	Zip Code	\$20.00		
	P.O. Box 66513 Houston, TX 77266						
	Purpose of payment (See instructions information required)	Reimbursement from political					
	Taxi Business Meeting Washi	ington DC			contributions intended		
1					4		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

Texas Ethics Commission

SCHEDULE G

THE INSTRUC	TION GUIDE explains how to complete this form.				Total page	es Schedule G: 5			
Total page									
FILER NAME Annise Parker Account					# (Ethics Commission filers)				
Date	Payee Name				_	Amount (\$)			
6/12/2004	Annise Parker								
	Payee address	City;	State	; Zip	Code	\$20.00			
	P.O. Box 66513 Houston, TX 77266								
	Purpose of payment (See instructions regarding type of information required)					Reimbursement from political contributions			
	Taxi Business Meeting Washington	intended							
Date	Payee Name		·		•	Amount			
6/12/2004	Annise Parker					(\$)			
	Payee address	City;	State	; Zip	Code	\$29.31			
	P.O. Box 66513 Houston, TX 77266								
	Purpose of payment (See instructions regarding type of information required)					Reimbursement from political contributions			
	Office Supplies					intended			
Date	Payee Name					Amount			
6/12/2004	Annise Parker	(\$)							
	Payee address	City;	State	; Zip	Code	\$50.00			
	P.O. Box 66513 Houston, TX 77266								
	Purpose of payment (See instructions regarding type of information required)					Reimbursement from political contributions			
	Sponsorship					intended			
4	1					4			

Schedule G Report Total:

\$2,753.43

	NT FROM POLITICAL CONT USINESS OF C/OH	RIBUTIONS		SCHEDU	ILE H
The Instruction	edule H:				
2 FILER NAME	Annise Parker		3 ACCOUNT # (Et	thics Commission filers)	
4 Date 01/07/04	5 Business name Hubbard Financial Services 6 Business address; City; State; Zip Code 2615 Montrose Blvd Houston, TX 7	7 Amou (\$) 1,633.31	nl		
required.)	ment (See instructions regarding type of information Telephone Service	9 ·· Complete Candidate / Officehol Annise Parker		to benefit C/OH Office sought City Cor	Office held
Date	Business name			Amount (\$)	
Purpose of payr required.)	Business address; City; State; Zip Code ment (See instructions regarding type of information	•• Complete Candidate / Officehol	e if direct expendilure older name	to benefit C/OH Office sought	Office held
Date	Business name Business address; City; State; Zip Code			Агто ц і (\$)	nt
Purpose of payr required.)	ment (See instructions regarding type of information	Complete Candidate / Officehol	e if direct expenditure Ider name	to benefit C/OH •• Office sought	Office held
Date	Business name Business address; City; State; Zip Code			Amour (\$)	nt .
Purpose of payring required.)	ment (See instructions regarding type of information ATTACH ADDITIONAL COPIES	Candidate / Officehol		to benefit C/OH Office sought	Office held